

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>25 192</u>   | 2. Fiscal Year Covered From<br><u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>  |
| 3. Name and address of person filing.<br><br>Name <u>Joe</u> <u>Kear</u><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>3645 S.E. 32nd Ave.</u><br><br>City <u>Portland</u><br><br>State <u>Oregon</u> ZIP Code + 4 <u>97202-3099</u> | 4. Name, file number and address of labor organization.<br><br>Name <u>IAM District Lodge No. 24</u><br><br>Labor Organization File Number <u>039-164</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>3645 S.E. 32nd Ave.</u><br><br>City <u>Portland</u><br><br>State <u>Oregon</u> ZIP Code + 4 <u>97202-3099</u> |
| 5. Position in labor organization. <u>Business Representative</u>  |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4                                      | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br><br><br>7.b. Amount. |

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joe Kear

On 03/27/2006

Date

503-238-5550x111

Telephone Number

|  |   |                |
|--|---|----------------|
| Name of Person Filing Joe Kear   |   | File Number U- |
| <p>B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p> |   |                |
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>  |                |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Automotive Machinists Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 34203</p> <p>Street 2815 Second Ave.</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124-1203</p>   | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expenses as Trustee</p> <p>12.b. Amount. \$408</p> |                |